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MYANMAR: URGENT HEALTH CONCERNS OF PRISONERS OF CONSCIENCE

Amnesty International calls on the Myanmar government to immediately provide appropriate medical care to all political prisoners, most urgently for those with health problems. Recent reports indicate that the lack of healthcare in the country's prisons has adversely affected prisoners who are already suffering from serious medical conditions.

Moreover, the Myanmar government continues to put its political prisoner population – which has nearly doubled to more than 2,100 since the peaceful anti-government protests of August/September 2007 – at risk through poor prison conditions.

Access to medical care and facilities is limited in Myanmar's prisons as many do not have regular prison doctors and medical officers. Health problems commonly facing prisoners include gastro-intestinal diseases such as dysentery and skin diseases such as scabies.

The UN Standard Minimum Rules for the Treatment of Prisoners provide for the services of a qualified medical officer within prisons or detention facilities; the transfer of prisoners and detainees who require specialist treatment to specialized institutions or to civil hospitals; and the provision of sufficiently nutritious food for prisoners.

The UN Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment also provide that “medical care and treatment shall be provided whenever necessary” (Art. 24).

The Myanmar government maintains that political prisoners are given access to medical care and their families. On 17 March 2009, U Wunna Maung Lwin, Ambassador/ Permanent Representative and Leader of the Myanmar Delegation at the 10th session of the UN Human Rights Council said that “Permissions are also given to their family members to make family visits and necessary health treatments are being provided to the prisoners.”

However, the health of many political prisoners has been further compromised in a wave of prison transfers. Since November 2008, which saw a spate of sentences handed down to critics of the government, at least 210 political prisoners have been transferred to remote prisons in the country. At least 47 of those - including Htay Kywe, Min Ko Naing, Su Su Nway and Zarganar – have been transferred to prisons over 1,000km away from their families who live in the country's main city of Yangon.

It is now much more difficult for families of the 210 prisoners to visit their relatives in prison. The poor conditions and inadequate medical care in Myanmar's prisons mean that political prisoners often rely on family members to provide them with basic medicines, food and clothing. Many family members must undertake long journeys – in some cases up to nine days – to visit their relatives.-

In the absence of regular contact between political prisoners and their families, and of independent monitoring of prisoners' welfare, individuals are even more vulnerable to harsh prison conditions which amount to cruel, inhuman or degrading treatment. The International Committee of the Red Cross has not been able to visit prisons in Myanmar since the end of 2005.

Furthermore, in some cases, transfers to remote prisons can put prisoners at greater risk of communicable diseases, including malaria. Several of these prisons are in malarial areas, including Lashio Prison, Shan State and Kale Prison, Sagaing Division, both in northern Myanmar. Prisoners there are known to have contracted malaria and have requested that family members bring them malaria medication.

These transfers have also adversely affected the ongoing medical treatment of political prisoners with existing health problems. Amnesty International has learned of recent instances where political prisoners have been transferred without their medical records, resulting in disruptions to their treatment. In the absence of written proof of a medical

condition, political prisoners are not given regular medical examinations and have their supply of prescribed medication interrupted.

In the information below, Amnesty International provides details about ten prisoners of conscience who are suffering from chronic and serious medical conditions.

Htay Kywe (m), 40, is being held in solitary confinement in the same block as prisoners under sentence of death, in Buthidaung Prison, Rakhine State, north-western Myanmar. He is known to have been tortured. He is suffering from scabies due to inadequate bathing facilities.

Hla Myo Naung (m) who is already blind in one eye, is in danger of losing his eyesight completely. He was arrested in Yangon on 10 October 2007, as he was looking for a doctor who could treat his ruptured cornea. He subsequently lost sight in that eye. He urgently needs surgery on his other eye, but it is not known whether the surgery has taken place.

Ko Ko Gyi (m), 46 or 47; his health is deteriorating in prison following repeated transfers between detention facilities in the country without being provided adequate medical care.

Min Ko Naing (m), 46, suffers from a worsening eye condition, numbness in his hands, gout and high blood pressure. He is being held in a small, dark cell which is causing his eye condition to deteriorate. Initial requests for treatment were denied and he has still not received adequate medical treatment. He is being held in Kengtung Prison, Shan State, northern Myanmar, where there is no regular doctor.

Myo Yan Naung Thein (m), 35, is paralysed in the lower part of his body, possibly as a result of torture during interrogation. He has been denied specialist medical treatment for a prolonged period. In November 2008, he was transferred from Yangon's Insein Prison to Thandwe Prison, Rakhine State, where the specialist treatment that he requires is not available.

Su Su Nway (f), 37, suffers from a congenital heart defect and her health has deteriorated while in prison. She was given mental health medication by the prison authorities which has only made her health worse. She is being held in solitary confinement.

The six prisoners of conscience above are in prison for their participation in the mass demonstrations of August/September 2007.

The two prisoners of conscience below are serving sentences for their voluntary relief efforts in the aftermath of Cyclone Nargis, which hit Myanmar on 2-3 May 2008.

Kay Thi Aung (f), 23, suffered a miscarriage in Mandalay Prison, central Myanmar, on 23 January 2009; she had not received adequate medical care during her pregnancy. She had suffered from heart problems and malnutrition prior to her miscarriage and has still not received the medical care she requires.

Zarganar (m), 48, is in poor health in Myitkyina Prison, Kachin State, northern Myanmar. He is suffering from hypertension, spondylitis and hyperthyroidism (over-activity of the thyroid gland, which can cause heart problems). He is known to have lost consciousness for more than two hours in his prison cell on 16 April 2009. He urgently needs the proper medical treatment he requires.

The medical problems of two other prisoners of conscience are also of particular concern given the long term imprisonment they face:

U Khun Htun Oo (m), 65, has received inadequate treatment for his diabetes and high blood pressure. He is serving a 93-year sentence and is being held in solitary confinement. He was arrested on 9 February 2005.

U Win Htein (m), 67, suffers from numerous health problems, including heart disease and persistent stomach pain, the cause of which has never been diagnosed. He has received inadequate medical treatment. He is serving a 14-year sentence and is being held in solitary confinement. He was arrested on 22 May 1996.

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